



400 ABERNETHY RD, CLOVERDALE 6105 | PO BOX 158, CLOVERDALE 6985 | 9478 2051 | admin@bsrc.com.au
OFFICE HOURS: 10am – 3pm, Monday - Friday

\$20.00 - BSRC SOCIAL MEMBERSHIP

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

GENDER: Male Female Other _____ ARE YOU OVER 18? **Y** / **N** (please circle)

EMAIL: _____ CONTACT NO: _____

MEMBER OF A BSRC AFFILIATED CLUB? Name of Affiliated Club: _____

APPLICANT SIGNATURE: _____ DATE: _____

NAME OF WITNESS: _____ WITNESS SIGNATURE: _____

**WOULD YOU LIKE TO BE KEPT INFORMED OF ALL UPCOMING SOCIAL EVENTS
AND RECEIVE OUR WEEKLY NEWSLETTER VIA EMAIL?**

YES NO

BY LAWS PERTAINING TO MEMBERSHIP OF THE BELMONT SPORTS AND RECREATION CLUB INC.

1. No Member shall provide bulk applications for membership to the BSRC without the prior approval of the BSRC Management Committee.
2. All applications for membership of the BSRC may be subject to verifications by the Manager or the BSRC Management Committee.
3. Any applications for membership of the BSRC must be a bone fide application by the person making the application.
4. Any person assisting in or making sham applications for membership of the BSRC shall be subject to the disciplinary process of the Club.
5. In order to verify any applications for membership, the Manager or the Management Committee may require verification in person of any applicant for membership by attendance at the premises of the BSRC.

The BSRC Committee shall always be entitled to refuse any application for membership at its discretion.

All persons whose application for membership is approved by the committee shall be deemed to have subscribed to the constitution on receipt of notice of their admission to the membership of the club.

I have read the BSRC Code of Conduct / By Laws and agree to abide by them?

All fields of this application must be completed & signed before submitting to BSRC Staff.

PAYMENT OPTIONS: 1. **EFT - BSB: 066 153 / ACC: 0090 2061**

Use Member, first initial of your Name & Surname as a reference (eg: Member J Green).

Renewal forms are required with receipt of payment, please email to: admin@bsrc.com.au

2. **In person during Opening Hours.**

OFFICE USE ONLY

MANAGER APPROVED / NOT APPROVED: _____

PAYMENT METHOD: CASH | EFTPOS | EFT BANK

DATE: ____/____/____

MANAGER SIGNATURE: _____

MEMBERSHIP NO: _____